



MAY - 7 2008

**510(k) Summary**  
**LDR Spine ROI-T Implant**

**1. Owner's Name & Address**

**LDR Spine USA**  
4030 West Braker Lane, Suite 360  
Austin, TX 78759

Phone: (512) 344-3333  
Fax: (512) 344-3350

**2. Contact Person**

**Noah Bartsch, MS, RAC**  
Manager, Clinical, Regulatory & Quality Affairs  
LDR Spine USA  
4030 West Braker Lane, Suite 360  
Austin, TX 78759

Phone: (512) 344-3319  
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Email: [noahbartsch@ldrspine.com](mailto:noahbartsch@ldrspine.com)

**3. Date 510(k) Summary Prepared: February 27, 2008**

**4. Trade Name:** LDR Spine ROI-T Implant  
**Common Name:** Spinal Partial Vertebral Body Replacement Device  
**Classification:** MQP: Spinal Intervertebral Body Fixation Orthosis – Class II  
per 888.3060

**5. Legally Marketed Equivalent Predicate Device:**

**LDR Spine ROI-T System (K072132)**  
**LDR Spine ROI System (K043349)**

**6. Device Description**

The ROI-T Implants are crescent shaped blocks in a variety heights and lordosis angles.  
The shape of the ROI-T offers more options to the surgeon to adapt to the patient' anatomy.

The ROI-T Implant features a closed graft space and offers superior vascularization of that space. The inferior and superior surfaces of the devices have a pattern of teeth to provide increased stability and inhibit movement of the implants.

**7. Intended Use of the device**

The ROI-T is indicated for use to replace a vertebral body that has been resected or excised due to tumor or trauma/fracture. The device is intended for use as a partial vertebral body replacement in the thoracolumbar spine (from T1 to L5) and is intended for use with supplemental internal fixation. The ROI-T may be implanted singularly or in pairs. Supplemental internal fixation is required to properly utilize this system.

**8. Non-Clinical Performance Data**

Finite Element Analysis results demonstrated that the proposed ROI-T Implant is substantially equivalent to the predicate device..



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

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LDR Spine USA  
% Mr. Noah Bartsch, M.S., RAC  
Manager, Clinical, Regulatory and Quality Affairs  
4030 West Braker Lane, Suite 360  
Austin, TX 78759

Re: K080569  
Trade/Device Name: LDR Spine ROI-T Implant  
Regulation Number: 21 CFR 888.3060  
Regulation Name: Spinal intervertebral body fixation orthosis  
Regulatory Class: Class II  
Product Code: MQP  
Dated: April 17, 2008  
Received: April 18, 2008

Dear Mr. Bartsch:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 - Mr. Noah Bartsch, M.S., RAC

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson", with a long horizontal flourish extending to the right.

Mark N. Melkerson  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## Indications for Use Statement

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510(k) Number (if known):

Device Name: LDR Spine ROI-T Implant

Indications for Use:

The ROI-T Implant is indicated for use to replace a vertebral body that has been resected or excised due to tumor or trauma/fracture. The device is intended for use as a partial vertebral body replacement in the thoracolumbar spine (from T1 to L5) and is intended for use with supplemental internal fixation. The ROI-T may be implanted singularly or in pairs. Supplemental internal fixation is required to properly utilize this system.

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use             
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Neil R.P. Gdn. Farnen  
(Division Sign-Off)

**Division of General, Restorative,  
and Neurological Devices**

510(k) Number K080569